

PLACEMENT INFORMATION/DISCHARGE FORM (PID)

I. IDENTIFYING INFORMATION

Child's Name:

Date of Birth:

DFPS Person ID#:

County/TJJD:

II. CHANGE BEING REPORTED (include location, level of care, daily rate, date occurred)

(Information prior to change)

Location:

LOC

Daily
Rate

Resource
ID No.

Date of
Change

Address:

City/State/Zip:

(Information after change)

Location:

LOC

Daily
Rate

Resource
ID No.

Date of
Change

Address:

City/State/Zip:

If change did not occur on the same day, explain:

III. REASON FOR CHANGE (select the most appropriate reason)

* ☐ Child returned home

* ☐ Child placed with relative(s)

* ☐ Child placed with sibling(s)

***Indicate the name & relationship of the person to whom the child was discharged:**

☐ Completed program / achieved therapeutic goals

☐ Child ran away

☐ Level of Care lowered

☐ Child placed in detention or other secure facility

☐ Child's behavior

☐ Level of Care raised

☐ Facility under adverse action

☐ Placement closed

☐ Aged out (turned 18)

☐ Child came back into care / reactivated

☐ Child hospitalized

☐ Child emancipated

☐ Removed due to risk of abuse

☐ Caretaker moved

☐ Case transferred to CPS

☐ Caregiver requested the child's removal

☐ Child death

☐ Child committed to TJJD

☐ Other (explain):

☐ Deprivation no longer exists

IV. IV-E STATUS (complete only if placing the child on inactive status OR discharging from IV-E)

☐ Place child on **INACTIVE** status (temporarily ineligible for Title IV-E reimbursement).

NOTE: You MUST complete all Title IV-E reviews that become due while the child is on "inactive" status.

☐ **DISCHARGE** child from IV-E Program (no longer eligible for Title IV-E; close the IV-E case)

If a child is returning to his/her home, remember to create a referral in JMT

JPD/TJJD Staff Name (print or type)

Date Completed

JPD/TJJD Staff E-Mail Address (print or type)

()
JPD/TJJD Staff Phone Number

PLACEMENT INFORMATION/DISCHARGE FORM (PID) – CASE PLAN REQUIREMENTS

To be completed only if the child is being placed in a IV-E residential facility

V. CASE PLAN ISSUES

Description of the current placement (*provide a physical description of the living arrangement in which the child has been placed*):

How will the caregiver ensure the safety of the child while in placement?

Least Restrictive (most family-like) placement (*if the child was not placed in the least restrictive setting possible (a foster family home of or fewer children), explain why*):

Close proximity – School (*if the placement is too far from the child's school to allow the child to continue to attend the same school, explain why*):

Close proximity – Parent (*if the placement is not in close proximity to the parent(s) home, explain why*):

APPROPRIATENESS OF PLACEMENT

Describe the services being provided by the facility to meet the child's specific needs.

Date family notified of move:

Date family notified of changes in visitation:

Method of notification:

Date caregiver provided with updated case plan or review (*if applicable*):

Date caregiver provided with updated medical and educational records:

JPD/TJJD Staff Name (*print or type*)

Date Completed

JPD/TJJD Staff E-Mail Address (*print or type*)

JPD/TJJD Staff Phone Number

PLACEMENT INFORMATION/DISCHARGE FORM (PID) – CORRECTION

To be completed only to correct previously submitted information

IDENTIFYING INFORMATION

Child's Name:

Date of Birth:

DFPS Person ID#:

County:

Select the appropriate action below:

AUTHORIZED/BILLING LEVEL OF CARE (LOC) / DAILY RATE CORRECTION

Authorized LOC previously reported on a foster care application:

Authorized LOC previously reported:

Correct Authorized LOC:

Effective date:

Billing LOC / daily rate previously reported on a foster care application:

Billing LOC previously reported:

Correct Billing LOC:

Daily rate previously reported:

Correct daily rate:

Effective date:

DATE OF PLACEMENT (DOP) CORRECTION

DOP previously reported on a foster care application:

DOP previously reported:

Correct DOP:

*TEMPORARY ABSENCE (to be completed to bill for allowable temporary absence from facility)

Facility paid for foster care during child's absence from facility

Child previously reported to have left facility on (date):

Facility paid through (date):

*Under certain circumstances, DFPS will allow foster care payments to a provider for a child who is no longer in that provider's care in order to reserve space for the child's anticipated return to that facility in the near future. The duration of these continued payments is described and subject to the limitations set forth in 40TAC, §700.323.

Reimbursements for foster care during a child's absence from a facility will be made only if each of the following conditions is met:

1. The department plans to return the child to the facility at the end of the absence **and**,
2. The facility agrees to reserve space for the child's return and the department continues to make payments in the child's absence **and**,
3. The department is not making foster care payments on behalf of this same child to any other provider during the child's absence.

If **all three (3) conditions** described above are met, reimbursement can be claimed as described in the chart below:

If child is absent from (type of care):	Authorized Absence Reimbursements may be claimed for:	Unauthorized Absence Reimbursement may be claimed for:
Emergency shelter or other provider contracted to provide emergency care	Not more than five (5) days during the child's absence	Not more than five (5) additional days during the child's absence
Non-emergency foster care	Not more than fourteen (14) days during the child's absence	Not more than fourteen (14) days during the child's absence

JPD/TJJD Staff Name (print or type)

Date Completed

JPD/TJJD Staff E-Mail Address (print or type)

JPD/TJJD Staff Phone Number

PLACEMENT INFORMATION/DISCHARGE FORM (PID) INSTRUCTIONS

PURPOSE OF FORM

This form is completed to report changes that affect the child's Title IV-E case (Medicaid, billing, location, etc.). Once the Foster Care Assistance Application is submitted, any change in location, level of care (LOC), daily rate, and Title IV-E status (Inactive/Discharge) must be reported using this form. Any changes affecting the reimbursements claimed for foster care must be reported on the PID

TIMEFRAME/DEADLINE

This form must be completed and received by the Texas Juvenile Justice Department (TJJD) within five calendar days of any change in location (*other than home visits/furloughs, respite care, or absences less than five days if billing is not affected*), level of care, daily rate, and Title IV-E Status.

PROCESSING

This form is processed by TJJD and forwarded to the Texas Department of Family and Protective Services (DFPS) for processing and entry into the state Title IV-E system. The information contained in this system controls/affects Medicaid eligibility, reimbursement processing, and other information vital to the child's case. It is imperative that information in this system be accurate and kept current at all times.

NOTE

Please verify that information being provided on this form is complete and accurate. When reporting changes, there should be no gap in dates or discrepancies in rates or locations from previously reported information. PIDs that are incomplete or have discrepant information from what was previously provided can not be processed.

I. IDENTIFYING INFORMATION

Child's Name: Enter child's full name (first, middle, last).

County/TJJD: Enter the name of the juvenile probation department, if a judicial district, enter the lead county. Enter "TJJD" for state youth.

Date of Birth: Enter child's date of birth (MM/DD/YY).

DFPS Person ID#: Enter the child's DFPS Person ID #.

II. CHANGE BEING REPORTED

INFORMATION PRIOR TO CHANGE

The information provided in this section reflects the location/LOC/daily rate that was current **prior** to the change currently being reported

Location

Enter the name of the Title IV-E approved facility as listed on the Title IV-E Approved Facilities List. If the facility is licensed as a "Child Placing Agency," (CPA) enter the name of the foster family with whom the child was/is residing. If the location is not a Title IV-E approved setting, such as a hospital or detention center, enter that location. If the child was/is on runaway/abscond status, enter "runaway" or "abscond."

Address

Enter the physical/street address of the Title IV-E approved facility. If the facility is licensed as a CPA enter the address of the foster family with whom the child is/was residing. If the location is not a Title IV-E approved setting, such as a hospital or detention center, enter the address of that location. If the child was/is on runaway status enter "unknown" or "N/A."

City/State/Zip

Enter the city, state, and zip code of the Title IV-E approved facility. If the Facility is licensed as a CPA, enter the city, state, and zip code of the foster family with whom the child was/is residing. If the location is not a Title IV-E approved setting, such as a hospital or detention center, enter the city, state and zip code of that location. If the child was/is on runaway/abscond status enter "unknown" or "N/A."

LOC

Enter the LOC this child was/is at while at the Title IV-E approved setting (Facility/Foster Family Home). If the location is not a Title IV-E approved setting, such as a hospital or detention center or the child is on runaway status, the LOC would be "N/A."

Daily Rate

Enter the daily rate that the department was/is paying for this child at the Title IV-E approved setting (Facility/Foster Family Home). If the location is not a Title IV-E approved setting, such as a hospital or detention center or the child is on runaway status, the daily rate would be "N/A."

Resource ID Number

Enter the Facility Resource ID number for the Title IV-E approved facility as listed on the Title IV-E Approved Facilities List. If the location is not a Title IV-E approved setting, such as a hospital or detention center or the child is on runaway status, the Resource ID number would be "N/A."

Date of Change

Enter the actual date (MM/DD/YY) the change in location, LOC, and/or daily rate occurred.

INFORMATION AFTER CHANGE

The information provided in this section reflects the change in location/LOC/daily rate that you are reporting at this time

Location

Enter the name of the Title IV-E approved facility as listed on the Title IV-E Approved Facilities List (509 list). If the facility is licensed as a CPA enter the name of the foster family with whom the child is residing. If the location is not a Title IV-E approved setting, such as a hospital or detention center, enter that location. If the child is on runaway, enter "runaway."

Note: If the child did not move to a new location, the location you enter will be the same as the location entered in "Information prior to change."

At **DISCHARGE**, indicate whether the child "returned home" was "placed with a relative" or "placed with sibling(s)"

Address

Enter the physical/street address of the Title IV-E approved facility. If the facility is licensed as a CPA enter the address of the foster family with whom the child is residing. If the location is not a Title IV-E approved setting, such as a hospital or detention center, enter the address of that location. If the child is on runaway/abscond status enter "unknown" or "N/A."

Note: If the child did not move to a new address, the address you enter will be the same as the address entered in "Information prior to change."

At **DISCHARGE**, if the child is being placed with an individual (parent (s), sibling, relative or other individual) enter their address in this section.

City/State/Zip: Enter the city, state, and zip code of the Title IV-E approved facility. If the Facility is licensed as a "Child Placing Agency," (CPA) enter the city, state, and zip code of the foster family with whom the child is residing. If the location is not a Title IV-E approved setting, such as a hospital or detention center, enter the city, state and zip code of that location. If the child is on runaway/abscond status enter "unknown" or "N/A."

Note: If the child did not move to a new address, the city/state/zip you enter will be the same as the city/state/zip entered in "Information prior to change."

At **DISCHARGE**, if the child is being placed with an individual (parent (s), sibling, relative or other individual), enter the city/state/zip for their home in this section.

LOC

Enter the LOC this child was changed to, if applicable. If there is no change, enter the same LOC as indicated in "Information prior to change." If the location is not a Title IV-E approved setting, such as a hospital or detention center or the child is on runaway status, the LOC would be "N/A."

Daily Rate

Enter the daily rate, if applicable. If there is no change, enter the same daily rate entered in "Information prior to change." If the location is not a Title IV-E approved setting, such as a hospital or detention center or the child is on runaway status, the daily rate would be "N/A."

Resource ID Number

Enter the Facility Resource ID number for the Title IV-E approved facility as listed on the Title IV-E Approved Facilities List. If the location is not a Title IV-E approved setting, such as a hospital or detention center or the child is on runaway status, the Resource ID number would be "N/A."

Date of Change

Enter the actual date (MM/DD/YY) the change in location, LOC and/or daily rate occurred.

NOTE: All information in section II must be provided; none of the sections be left blank.

IF CHANGE DID NOT OCCUR ON THE SAME DAY

If the date of change in the "information prior to change" and the date in the "information after change" differ, an explanation must be provided. If you intend to bill for a temporary absence from the facility, you must complete and submit the PID correction page.

III. REASON FOR CHANGE

Please read all of the options thoroughly and check which situation best explains the change you are reporting. Please check the most appropriate reason for the reported change; check only ONE box.

If you check "Other", you must explain the reason for the change.

At **DISCHARGE**, if the child returned home, was placed with a relative or with sibling(s), you must enter the name of the person to whom the child was released and their relationship to the child.

IV. IV-E STATUS

This section is to be completed only if the child is to be placed on **INACTIVE** status or if the child is to be **DISCHARGED** from the IV-E program.

Place child on INACTIVE status (temporarily ineligible for reimbursement)

Checking this option indicates that the change being reported (moved to a non-approved IV-E setting (detention, runaway, etc.) will cause the child's case to be placed on inactive status. This means the child retains his/her eligibility status; however you may not claim reimbursement for the child's foster care because they are in a non-approved IV-E setting. As soon as the child is returned to an approved IV-E setting, you may resume claiming reimbursement for foster care. Since the child's case is not closed, all required Title IV-E reviews must be conducted for the entire time the child remains on inactive status.

When the child is once again placed at a Title IV-E approved facility, you must submit another PID, detailing the child's placement at the Title IV-E approved facility, which will reactivate his/her case. If it is determined that the child will no longer be placed at a Title IV-E approved facility, you must submit a PID to discharge the child from the Title IV-E Program and the case will be closed.

DISCHARGE child from IV-E Program (no longer eligible for Title IV-E)

Checking this option will discharge the child from the Title IV-E Program; the child's case will be closed. If at any time in the future you would again like obtain IV-E eligibility for this child, a new Foster Care Assistance Application must be submitted in TPS.

If the child is being discharged from the Title IV-E Program and will be returning home, please remember to create a referral in the Juvenile Medicaid Tracker (JMT) so the child will be able to access any Medicaid benefits to which he/she may be eligible.

JPD/TJJD Staff Name: Print or type the individual completing the application.

Date Completed: Enter the date the application was completed.

JPD/TJJD Staff E-Mail Address: Print or type the e-mail address of the individual completing the PID.

JPD/TJJD Phone Number: List the phone number, including area code, of the individual completing the PID.

If the change reported regards only a change in LOC daily rate, and/or Title IV-E status, submit only page one with the required name, e-mail address, completion date, and phone number.

IF THIS PID REPORTS A CHANGE IN LOCATION TO A NEW TITLE IV-E APPROVED FACILITY, YOU MUST COMPLETE PAGE TWO, CASE PLAN ISSUES.

V. CASE PLAN ISSUES

Describe the physical living arrangement in which the child has been placed. Refer to the Case Plan Supplement for additional information.

Describe how the caregiver will ensure the child's safety while in placement. The description must be more than just a statement that the child is safe in the facility. Refer to the case plan supplement for additional information.

If the child is not placed in the least restrictive setting possible (a foster family home licensed for 6 or fewer children) an explanation must be provided. Refer to the case plan supplement for additional information.

If the change in placement results in the child having to change schools, an explanation must be provided. Refer to the case plan supplement for additional information.

If the new placement is not in close proximity to the parent(s) home, an explanation must be provided. Refer to the case plan supplement for additional information.

Appropriateness of Placement: Provide a description of the services the new facility will provide to meet the child's specific needs.

Date Parents Notified of Move: Enter the date (MM/DD/YY) that the child's parent (s) were notified of the child's relocation.

Date Parents Notified of Changes in Visitation: Enter the date (MM/DD/YY) the child's parent(s) were notified of changes in visitation at the new location.

Method of Notification: Enter the method that was used to notify the parent(s) of the child's change in location and changes in visitation privileges.

Date Caregiver Supplied with Updated Case Plan Information: Enter the date (MM/DD/YY) that the caregiver at the new location was provided with updated case plan information.

Date Medical and Educational Records Provided to Caregiver: Enter the date (MM/DD/YY) that the caregiver at the new location received medical and educational records for the child.

PLACEMENT INFORMATION/DISCHARGE FORM (PID) - CORRECTION

This page is used to correct information that has previously been reported via a PID or a Foster Care Assistance Application.

Since this is a stand-alone form, please complete the "Identifying Information" as in the initial PID.

AUTHORIZED/BILLING LEVEL OF CARE (LOC)/DAILY RATE CORRECTION

Complete this section if you have previously reported An authorized or billing level of care and/or daily rate (perhaps via a Foster Care Assistance Application) which now needs to be corrected. Provide the previously reported (authorized/billing) level of care and the daily rate and the correct (authorized/billing) level of care and/or daily rate.

DATE OF PLACEMENT CORRECTION

Complete this section if you need to correct the child's initial date of placement in the Title IV-E facility (i.e. the date on the Foster Care Assistance Application was incorrect).

TEMPORARY ABSENCE

Complete this section if you will be requesting reimbursement for time that a child was not at the facility (subject to the limitations set forth in 40TAC, §700.323. If all conditions described are met you will be able to claim reimbursement for the number of days specified.

JPD/TJJD Staff Name: Print or type the name of the individual completing the application.

Date Completed: Enter the date the PID was completed.

JPD/TJJD Staff E-Mail Address: Print or type the e-mail address of the individual completing the PID.

JPD/TJJD Staff Phone Number: List the phone number, including area code, of the individual completing the PID.